

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		1						
4		1						
5		1						
6		1						
7		1						
8	1							
9	1							
10		1						
11		3						
12	1							
13		1						
14		1						
15		3						
16		3						
17		3						
18		3						
19		3						
20		3						
21	1							
22		1						
23	1							
24		1						
25		1						
26		1						
27		5						
28	1							
29		1						
30		1						
31		1						
32		1						
33		1						
34		1						
35		1						
36		1						
37		9						
38	1							
39		1						
40		1						
41		1						
42		1						
43		5						
44	1							
45		1						
46		1						
47		1						
48		1						
49	1							
50		1						
TOTAL IND.	11	↓		↓		↓		
TOTAL DEP.	70	←		←		←		
TOTAL CLAIMS	81							
51								
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99								
100								
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								